

## Department of Energy

Pacific Area Support Office P.O. Box 29939 Honolulu, H1 96820-2339

28 APR 1989

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TO: Joe Dryden, Director, PASO

REPORT ON SPRING 1989 MEDICAL MISSION TO THE MARSHALL ISLANDS

### I. BACKGROUND

I served as the DOE Field Representative on the BNL annual Medical Mission to the Marshall Islands which took place from March 14 to April 14, 1989.

## II. DATES (U.S. DATES)

March 14-20 Ebeye & Kwajalein March 20-30 Majuro March 31-April 6 Utrik April 7-8 Kwajalein April 9-14 Mejatto

### III. ACTIVITIES AND OBSERVATIONS

This was a difficult mission to conduct and oversee because of several factors. First of all, we experienced difficulty in securing assigned medical personnel from the Rep Mar Ministry of Health to accompany us on the mission. We only obtained one individual out of the five that we requested over three months As a consequence, we were obliged to scramble around the community at both Ebeye and Majuro, in order to acquire the services of the requisite medical personnel. We succeeded but we did incur additional inconvenience and cost. Another difficulty was the enormous adaptation and adjustments that had to be made in conducting a major medical mission from a new platform (chartered vessel) with an untested and untried crew, totally unfamiliar with the manifold needs and requirements of a demanding, multi-destination mission. Even so, the vessel and crew succeeded, for the most part, remarkably well, exceeding everyone's expectations and meeting all major requirements. We were also strained by uncontrollable and inconvenient changes in the Airline of the Marshall Islands schedule, which resulted in last minute changes, splitting up of individual itineraries, and scrambling for difficult-to-obtain hotel rooms in Majuro. Yet, we managed to overcome this series of obstacles.

Harry Brown's Files, NV BNL Medical 39

### A. Kwajalein/Ebey I

Upon arrival at Kwajalein, I conducted a pre-mission meeting aboard the vessel, for the mission personnel and crew. We made our introductions to one another, reviewed plans and schedules, and discussed policies, rules, and practices observed during sea-going missions and visits to the urban, as well as outer islands.

The group then proceeded to Ebeye on the catamaran ferry in order to attend the "town meeting" at Ebeye hospital. Only a small cluster of Marshallese showed up for the meeting (four persons). I talked briefly, Bill Adams introduced his personnel and discussed the plan of work, and we responded to questions. One woman demanded to know why we (DOE/BNL) don't treat children on the missions anymore, a perennial question. The perennial answer was that we do see sick children in the outer islands, but that basically, because of the introduction several years ago of the Four Atoll/177 Health Plan, that new program assumed full responsibility for the health care of their children, among others.

We worked at Ebeye from March 15-20, and the BNL doctors, specialists, and laboratory personnel examined and tested sixty-seven persons. Two individuals were diagnosed and identified for medical referral back to Honolulu, probably in May. We did recruit a Marshallese nurse from Ebeye to assist us since we were still short one female translator.

The new vessel was quite helpful at Ebeye since it was able to tie up at the Ebeye pier and patients could easily board for x-rays (although all examinations were performed at shoreside facilities under our control or at those loaned to us by Ebeye Hospital). We did experience initial difficulty with the ship's power while attempting high-power consuming x-rays; however, the engineer ultimately accommodated our need by switching generators each time such "a picture" had to be taken... a mild but tolerable inconvenience. (See attached report from BNL technicians).

On Kwajalein, I had several meetings during the week with various officials. One issue I was interested in concerned the advisability of converting our Pan Am assigned DOE Coordinator, John Brown, into a Holmes & Narver contract employee. The timing seemed favorable in view of the fact that the DOE/SDC ISSA is undergoing biennial review (and the DOE Coordination function is a costly part of that ISSA) and the on-island contractor, Pan Am is under tremendous budgetary pressure because of cost overruns in its contract at Kwajalein (i.e. USAKA). After having broached and discussed the matter with USAKA's Chief of Logistical Support, the Pan Am General Manager, John Brown, and others, I concluded that it would not be advantageous to change John Brown's status at this time. In fact, to do so would result, I was told by several, in his losing accessibility to and responsiveness from USAKA's main contractor and its associated members, and thus, a prejudicial loss in his effectiveness.

I also discussed the status of the loan of our medical equipment to the USAKA Hospital. They received our letter and will schedule the use of the equipment in accordance with the suggested timetable, after their safety team from TAMC tests our equipment. They will happily maintain it while it is in their custody.

My talks with the Pan Am head, Tim Moriarty, were useful. He underscored his company's interest in serving and supporting DOE, as it does, he said, with other DOE contracts nationally. In spite of his internal problems, he pledged to assist us with our support requirements, considers them a priority, and asked that we call him directly if we experience any mission-critical shortfall in that support, since he will guarantee our critical needs, such as crane operations, etc. are met by his people.

I visited and talked with the staff of USAKA's Marshall Islands Liaison Office. I was asked if Major Frank Moore, USAKA Liaison Officer, Majuro-designate, could accompany us to Mejatto. I said we'd be happy to have him see our operations there and if he could get travel orders and funding to come, we'd find some way to squeeze him aboard.

#### B. MAJURO

Our group divided up, with some proceeding to Majuro on 3/20 and some on 3/22, due to AMI scheduling.

We held a "town meeting" in Majuro on 3/24 which was attended by eight persons. Although our team again greatly outnumbered the clients, we did make our introductions and discussed our plan of work. We also were asked there about treating children, and gave a similar reply to the question.

Our immediate problem was to secure sufficient, local medical staff to assist in our work. The Ministry of Health was able to temporarily assist us by assigning several different nurses on consecutive days to translate for us..ladies detailed to us on their days' off. It worked fine as a temporary measure; however, it also pointed up the need to make more secure arrangements in the future for the services of medical translators, especially since the RepMar Hospital system is short nineteen nursing and three lab positions and has a hiring freeze on.

I therefore met with Sister Irene Nieland, Director of the College of Mecronesia's School of Nursing (which is located in Majuro). I explored with her the concept of using Marshallese-speaking, nurses-in-training to accompany and participate in the medical missions. Not only would this provide us with a reliable corps of medical translators but the student-nurses would benefit from the medical field experience and advanced learning. Ms. Nieland and the CoM Campus Director (Hilda Jetnil) were very excited about the idea and wish to implement it... but were unable to provide such help to us for this mission.

I agreed to formulate the proposal in a draft MOU between DOE and the CoM for our mutual review and discussion with the objective of initiating the field practicum by our September medical mission.

The mission took place at the new Majuro Pier since the old pier, where we usually work, was undergoing demolition. We had a good berth assigned near the copra mill and since no "cooking" was taking place that week, there were few pests and insects to bother us.

During the week we examined seventy-five patients, and found one person for Honolulu referral. In addition, our doctors saw over a dozen referrals from Majuro hospital and even performed delicate OB/GYN surgery successfully at the hospital, much to the gratitude of the hospital officials concerned over the condition of the patient prior to surgery. Moreover, a series of lectures on the origins, nature, and treatment of diabetes were very well received by the hospital's professional corps, and the talks made a significant contribution (as expressed in writing to us) to the Ministry's Continuing Education Program.

I also wish to mention BNL's excellent prescience in bringing an electronics/medical equipment repair specialist on the urban part of the mission. He (Joe Gatz) was not only able to keep our delicate and sensitive equipment operating and "tweaked-up", but he made a valiant and considerable contribution to the RepMar hospitals at Ebeye and Majuro in diagnosing and repairing their equipment, and saving them significant costs in doing so. (See attached reports of Mr. Gatz' activities)

Indeed, the local newspaper, THE MARSHALL ISLAND JOURNAL, was impressed sufficiently to run several favorable stories on the DOE/BNL mission in its March 31 and April 7 issues (See attached articles).

While in Majuro, I made courtesy visits to U.S. ResRep Thomsen, and Chief Secretary De Brum. I also conducted business related discussions with Neville Hill (AMI), Dr. Glen Welenga and Maryanne Bailhe (177 Health Plan), Dr. Neal Pallafax (USPH Service), Judge Phil Bird and Bill Graham (Nuclear Claims Tribunal), and Marie Maddison (Secretary of Health). I had incidental contact with Mayor Tomaki Juda of Bikini-Ejit-Kili, and Senator Ismael John of Enewetak. Uncharacteristically, Ismael John actually apologized to me for his unpleasant outburst to us at our meeting in Majuro in early February of this year. He said he had not been informed in time by his counsel about our trip to Enewetak that month, as we had asked his counsel to do sometime in January. He now was fully aware of our effort to ensure he was informed in advance of our trip and purpose, and expressed his belated appreciation. Surprize of surprizes!

I did spend two hours with the Claims Tribunal personnel to review with them the progress DOE has made in preparing a response to their earlier requests for historical information, and in identifying the kinds of documents we will be sending to them. I also talked to them about additional sources of information. They had a particular concern about the suitability of their claim form's request for confidential medical information. said it was acceptable to DOE and BNL, but that a complete medical record on each patient would result in considerable reproduction costs which would be passed on to the Tribunal. They did ask if BNL would honor a valid administrative subpoena from the Tribunal to request medical records of individuals who, for whatever reason, failed to request BNL for them. Or if BNL would provide the records on deceased individuals if surviving family members asked for them. I said I would query BNL and DOE authorities about these questions. They also wanted, when requesting patient records with authorization (signed releases), two sets of records to be copied and sent: one to The Tribunal and one to the individual patient. I though this could be done but it would double the NCT's costs.

All in all, the Majuro portion of the trip went very well. The medical teams exchanged in and out smoothly, the work on and off the ship proceeded nicely, the ship sailed early Thursday morning, March 30, and made it to Utrik in time to anchor and support the refueling of the AMI flight carrying in the medical party on March 31.

## C. UTRIK

We spent a full week at Utrik Island and examined one hundred and twelve persons. Four of the exposed will require referral to Honolulu for additional treatment, two of whom are in their late seventies.

The lead-off community meeting was attended by fifty adults and numerous children. We introduced the mission personnel and discussed the present, as well as, whole body counting mission planned for the summer. The only questions concerned the islanders' confusion about claim forms of the Nuclear Claims Tribunal, now being widely distributed on the island by the NCT staff.

Dr. Adams and I spent some time in clarifying questions about the respective NCT and BNL release-of-medical-information forms and their application and purpose, etc. The essential difference is that the BNL form will result in a specific set of medical information being sent (and without cost) directly to the requestor on Utrik; the NCT form will result in a person's entire medical record being sent directly to the Tribunal who will be charged by BNL for this service.

While the weather remained sunny and clear for most of the time at Utrik, the winds and lagoon waters were unseasonably heavy. Yet, the boat rode the conditions well and the mission wasn't adversely affected.

The 177 Health Plan doctor and a nurse assigned to them worked with us at Utrik. He held sick call ashore and the nurse handled the public health needs, immunizations, and requisite translations.

The community seemed pleased with the community gifts which included instant coffee, sports equipment, coloring books and crayon sets, and donated clothing. Basketball has now become popular on the island and a crude court with a concrete surface is continuously in use. It would be good to send the islanders a backboard set and basketballs in the future. The doctors were also instrumental in organizing fun-filled, local canoe races with the teenagers which were enjoyed by all.

The Utrikese were delighted with the slide presentation of Dr. Bob Wilson of the Zuni Public Health Service Hospital on the benefits of exercise and dieting in the suppression of diabetes. We were successful in establishing the Utrik 100 Mile Exercise Club on the island and initiated it with several one mile walks throughout the community. Several dozen men and woman of all ages, as well as children, joined in this activity in order to work towards the goal of receiving a special tee shirt gift from the Zuni people to the Marshall Islanders. Again, Dr. Adams showed prescient planning in bringing Dr. Wilson, with his specialty and brand of enthusiasm, to the Marshall Islands for the mission.

We sailed for Kwajalein on April 7 and arrived the same day, US time at Kwajalein, a total of nineteen hours at sea. Captain Ives navigated the redoubtable (and very narrow) Utrik pass in fine (and careful) fashion.

## D. Kwajalein/Ebeye II

We all welcomed a two day respite at Kwajalein to gather and resupply ourselves for the six hour sea journey to Mejatto Island, located in the Northwestern corner of Kwajalein Atoll.

I did ascertain that Major Moore would (and did) join us at Mejatto for his orientation to DOE medical activities and to the dri-Rongelap situation. I also learned from Lt. Col. Moody that USAKA would be happy to make its eight-person sleeping van available to us at nominal cost to support our WBC mission this summer... if needed and no scheduling conflicts arise.

John Brown and I met with Mr. Max Howard, KADA Construction Supervisor from Ebeye. Howard asked if DOE would provide temporary space in its laboratory trailer on Ebeye to house the hospital's personnel administrator and to accommodate visiting doctors while his Community Health Center is under construction from April through October. I said I would coordinate a response with BNL when we receive a formal request from KADA. In the meantime, we all visited Ebeye to look at the trailer and to determine what adjustments (and partitions) were necessary to help KADA and the hospital. (I subsequently talked to Dr. Adams about it and he said he'd discuss it with lab staff to see how the request could best be accommodated).

There were some changes in the ship's crewing while we were at Kwajalein. Captain Ives had been disappointed in the performance and behavior of some of his crew during the mission. In fact, John Brown and I met with the crew to discuss our needs and their relationship to the DOE mission and program. Additional orientation, if you will, after my earlier meeting with the crew at Utrik on DOE rules, practices, and observances in working within the unique culture of the Marshall Islands. At any rate, the Captain sent one US crewman back to Florida because of numerous infractions and warned another. John Brown found a temporary replacement for the deck and visit to Mejatto.

#### E. MEJATTO

We sailed for Mejatto on Sunday morning, April 9, and re-entered Kwajalein lagoon near Mejatto after a five and one half hour trip. The weather conditions were abominable with gale force winds, leaden-grey skies, and driving rains. Thus, we departed the lagoon and anchored off the oceanside reef.

Except for one morning and one afternoon, we were able to work and to complete the examinations at Mejatto, in spite of wind and sea conditions. This was principally because our vessel, the G.W. Pierce, rides the seas so well at anchor; and, with the excellent loading platform built off the stern of the vessel, we were able to load, examine, and unload, with minimal adverse effects.

We were unable to initiate the visit with the regular community meeting because of weather conditions. An abbreviated meeting took place on Tuesday evening, April 11, when we worked ashore with Bob Wilson to show the slide presentation and to establish the Mejatto One Hundred Mile Club. Like at Utrik, the exercise and diabetic control program was enthusiastically received, especially because of the assistance and intercession of two Peace Corps Volunteers, a teacher and a health worker, assigned to Mejatto. The people also seemed to appreciate the community gifts, especially the soccer balls which will find active service as volleyballs, a popular, island sport (along with softball).

We were able to see all of the exposed and controls at Mejatto on our lists and examined a total of sixty-three people. No one required referral to Honolulu. We were indeed surprised to be able to complete our work there successfully, and all on the boat (and thus avoiding the arduous move ashore of all our personnel and equipment).

We sailed for the main island of Kwajalein, seventy-five miles away, just after 4:00 p.m. and arrived there before midnight.

All in all, I thought the mission was quite successful in meeting BNL's basic requirements and needs. They did examine 317 persons and took 200 x-rays, including 111 mammograms. There were some problems and difficulties, as previously mentioned. Overall, the new boat and crew performed remarkably well given the demands and strains of a major medical mission. Captain Ives proved to be a particularly able sailor and navigator. Nevertheless, some corrections and adjustments will have to be made. (See the attached list of items for correction, already passed to the contractor). I especially wish to single out John Brown's (DOE Coordinator, Kwajalein) contribution in getting the boat shipshape and ready for the mission, and Tony Ned, Marshallese deckhand, for his exceptional performance and long hours on deck and in operating the small boat safely and professionally. This all, of course, reflects creditably on the work of H&N in readying and supporting the vessel for the long, five-week mission.

#### IV. RECOMMENDATIONS

- A. I is urgent for us to proceed with the development and implementation of an MOU with the College of Micronesia's School of Nursing to ensure a reliable and uninterrupted supply of Marshallese-speaking medical translators to assist us in the BNL mission. We should have this in place in time for the September medical mission when it can be tried with a small number of students...perhaps no more than two. Our major need, of course, will continue to be in the Spring.
- B. There are a number of items which the contractor needs to look at related to the improvement of vessel operations. Most of these are identified on the attached list. Perhaps the most critical one concerns the generators and their power output. Certainly there appears to be some kind of technical problem that needs to be resolved so that x-rays can be taken without the inconvenience of switching over generators to do so.
- c. It is important for the contractor and its agents to redouble their efforts in meeting and assisting mission party members upon their arrival, especially at Kwajalein, and to double-check the status of their security clearances, in light of the apparent tendency of the on-island security sub-contractor to overlook matters. This will also help to avoid unpleasantness, inconvenience, and other negative consequences.

D. I believe we should support KADA's impending request to use space in our Ebeye laboratory trailer to accommodate hospital personnel temporarily (i.e. up to five months) in order to assist them and remain generally good neighbors.

W. D. Jackson

Program Liaison Specialist

OP-095:WDJ

#### Attachments:

1. Report on Generator Problems. Joe Gatz

2. Assistance to Ebeye & Majuro Hospitals. Joe Gatz

3. Articles on Mission from Marshall Islands Journal. 3/31 & 4/7

4. List of Problems & Suggestions re: G.W. Pierce. BNL & Jackson

cc: Linda Smith, AMA w/attachment No. 3
 H.U. Brown, OER w/attachments
 H&N/P.O. w/attachments

## DISPOSITION FORM

For use of this form, see AR 340 15, the proponent agency is TAGO

REFERENCE OR OFFICE SYMBOL

Loss of electrical Power

FROM CWOJOSeph F. Getz 19 Mor 89 TO DOE Mr.W. Jockson

- 1. Electrical power was Lost at approximately 1130 18 May 89 From the port bokw Generator?
- 2. Starboard generator was storted but the 60kw generator seems to be unable to supply sufficient power for the chest X-Rags.
- 3. The engineer informed me that a overheat problem had occurred which was musual.
- 4. The Engineer stated that he would insure the port GOKW generator would be used for the X-Ray For entire survey.

John V. Hat

Joseph F. Gatz CWZ USAR

CC: My. W. Lehman Mr. Ritsi Capt Ives

## DISPOSITION FORM

For use of this form, see AR 340-15, the proponent agency is TAGO

REFERENCE OR OFFICE SYMBOL

SUBJECT

Medical Equipment Repair at Ebege

TO DOE Mr. W. Jackson

FROM Joseph F. GaTZ

DATE 25 May 89

CMT 1

- 1. The Following work was completed at Ebeye Hospital.
- 2. I was unable to do a complete test of their X. Ray system due to lack of Test equipment, but I dist discuss the problem with the Hospital Administrator William Singard. It is unlikely that both small and Large could be weald. Being they are using cold developing, their problem is just that cold developing the film at the wrong Temp.
  - A) made a two cylinder rack next to the OR room.
  - B) Checked the Physic Control Lite Pak 65 monitor
    i) Need bulb electroles. For general EKG work

    Z) Will Need a New Nicod battery soon, I'll send then they
    information.
  - c) Design and made a 12 gas cylinder rack for their empty gas cylinders
  - D) Demonstrate how to use the oxygen transfer connection. I Filled a small patient oxygen bottle From a Lavye oxygen bottle.
  - 1) Repair suction pump Mueller Mod UP-41-A
  - F) Ripair gas cylinder cart
  - G) Repair height measuring device on scale Hoalth-O. Mater Mod 402
  - A) Fire Alarm. Firelite Alarms Inc. Mod 112/124 CK 120 batteryok

    AC XFOrmer 30 VAC OK, CK-3 Fuse OK, CK most cliedes + Transistors

    I believe a RCA chip is bad. No diagram. I will Follow up

    with a call to the company 10 Conn. 203-710-7861

    April 9. Mit

Joseph F GJZ

## DISPOSITION FORM

For use of this form, see AR 340-15, the proponent agency is TAGO

REFERENCE OR OFFICE SYMBOL

Work completed at Majuro Hospital

TO DOE Mr. W. Jackson FROM Joseph F. GATZ DATE 30 Mar 89 CMT 1

- 1. Coulter Counter M430 unit not working. The sample cycle is NOT complete and Fluid does not reach Level sensor. Checked all power supply voltages. CK could parts and tubing. The problem seem sto be the stepping motor For sumple cycle only. CK the printed circuit card which was believed to be Bed-cord CKS OK. Hospital will return this cord For \$1000.00 credit. I Looked up all part numbers and the hospital will order same. Exteretrouble shooting time on this unit.
- 2. Coultor Diluter I power Long bod, remove old Lang to identify type needed.
- 3. EKG machine problem, No V2 Lead. Tested unit and Found patient cable was bed; removed cable From old broken machine to correct this problem.
- 4. AO microscope out of Focus. Found the head assembly prism out of alignment. Unit was just repaired and they will send only the bad part out For realignment.
- 5. Centra 7R Centrifuge. Installed one past but Found That the speed control board is bad. Diagram doesn't agree with the speed control board. Hospital will order New board.

(fort. Plant) Joseph F. Gatz CWZ USAR

#### in two years. Radioiodine the Rongelap and Utirik problems have turned up particularly concerned with Even though the team is time now, Adams said. after a three year absence. the Brookhaven team's done in July or this year people takes up most of

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of Health, Adams said. Plan and RepMar Minisuy with the 177 Health WOrks in coordination The DOE medical team

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> .6891 their first annual trip of nearly 500 people during

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making his 17th trip in

The G.W. Pierce arrived and Utirik. islanders from Rongelap medical program for s new ship for its annual Department of Energy has Majuro Mar. 28 -- The

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## Friday, March 31, 1989

# Judge

From page !

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Department of Energy's

Majuro Mar. 28 — The

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AGENCY INSURANCE **SLIAHSRAM** 

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Prompt, Efficient Service Personal Accident

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Minister objects to Public Defender's role

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Jabarke Heran

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Mary Jellar

Neki Kinjo

Lydia Rantak

Rorene Joach

Tise Combus

Rise Aneo

Neki Aluka

Wonea

Resemon Jeik

Lucianna Keju

Caroline Henry

Bilet Mewa

Primrose

Rosene

Etwilla Bima

Kaniya Amles

Libby Heon

Roselina Gold

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se tonnen settinim 6 2V62 December 1987 court order But, said Strauss, the "Juisly

pointed to a "conspiracy tors, and not himself, who He said it was other sena-

ing to rumora. the judge was just respondof dismissal, Zachras said that he has received threats Tennekone's statements Commenting counsel both parties. the Public Defender to

advise it on legal matters in

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Sususs to appear as "ami-

Public Defender David

.21dgr

Zachras: Rights violated

The High Court asked

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Zachras denied him access

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Defender in this week's

senators to practice law, he then it is also improper for improper for a minister thirds vote, he said. If it is remove judges by a two confirm new judges or to senators have the power to be a conflictof interest for judges, but the Mitijela the proceedings. It would The Cabinet appoints

speeding the 1987 deciof the bond required for an He said the large amount

sions in the constitution.

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Cabinet members were

was inconsistent because

sent clients in the courts.

minister he could not repre-

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ruled that as long as an

From page 1

Zachras said the ruling

appeal stopped him from

Located on south side

BNL technician helps hospital

Majuro Mar. 18 — An electrical engineer who is part of the Department of Energy medical team is helping repair and service medical equipment on Ebeye and Majurc.

Joe Gatz from Brook-haven Medical School is a registered electrical engineer specializing in repair and maintenance of medical equipment. During his stay on Ebeye he spent time at the hospital working on the x-ray machine.

He built a 14 bottle oxygen cylinder rack, repaired a suction pump and showed the Ebeye staff how to use an oxygen transfer connector. The oxygen connector allows the filling of small individual patient size oxygen bottles from the large cylinders.

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## MINISTRY OF HEALTH SERVICES

## P. O. BOX 16 REPUBLIC OF THE MARSHALL ISLANDS MAJURO, MARSHALL ISLANDS 96960

Phone: 3355 or 3399 Telex: 730-0908 FAX: 3432

March 30, 1989

TO : Dr. Raymond Adams

C/O Brookhaven National Laboratory

FROM . Chairman, CME

Chief of Staff

SUBJ : Symposium on Diabetes

### Dear Doctor;

There is no amount of words that we can put altogether to expression gratitude and thanks for the wonderful and informative to-date lectures from the BNL Physicians that we had into morning.

It was certainly a pleasure to have such distinguished specialists come and up-date our CME program and hopefully this would initiate a regular support from your staff to the continued existence of CME for the Medical Staff of Majuro Hospital.

Sincerely,

Alexander E.Pinano, M.L.

vano, M.D.

Chailman. CME

Masac Korean M.J Chief of Staff